DO NOT WRITE BELOW THIS LINE.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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CASE

Z

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Printed/Typed Name

19. Discrepancy Indication Space

Month

Month

Day

Day

01

Year

Year